## Amendments to the Specification:

Please amend the paragraph at page 12, line 30, to page 13, line 13, as follows:

The light beam thrown by the point light source (1), which may be a semiconductor laser, a super-luminescent diode or a light diode with a small emitting area, producing light with a wavelength between 780 and 850 nm, hits the polarizing beam-splitting cube (2). The laser beam is polarized so as to be fully reflected by the splitting edge of the cube (facing left in Fig. 2). The beam passes through a rotating wedge (3), which performs its circumference-scanning. The scanning angle is about 0.5°. Further, the beam enters a telescopic system that produces an appropriate magnification (4). Having been reflected by the mirror (5) (a spectral splitting plate) the beam passes through the astigmatism compensator (6) comprising two lenses that may independently turn around the optical axis of the instrument. The further located refraction compensator (7), which is a telescope comprising two lenses (7a and [[7b]] 7d), a movable prism (7b) and a spectral beam splitter (7c), controls the focusing of the laser beam. On leaving the instrument, the laser beam enters the patient's

Application Serial No. 10/593,613 Response to Office Action

eye, then is focused on the retina by the eye's optical elements and creates a virtual reference light source on it. Its light beam, partially scattered by the retina, passes the optical media of the eye in the opposite direction and becomes phase-modulated. The phase modulation of the exiting beam carries information about the total aberrations of the eye that characterize its optical system. This beam passes the said optical elements of the instrument in the opposite direction. However, because the beam thrown back and diffused by the retina is practically not polarized, when it passes the polarizing beam splitter (2), one of the polarization components is reflected from the splitting edge and enters the telescope (2), which is necessary for aligning the input pupil with the plane of the lenslet array (9) of the wavefront sensor (10).

Application Serial No. 10/593,613 Response to Office Action

Please amend the abstract on page 24 as follows (these amendments were presented in the Amendment filed on January 15, 2010, but were objected to because the amended abstract did not begin on a separate page):

## Abstract

The group of inventions is used for a medical clinical practice An aberrometer is provided for automatically measuring a human eye abberation, determining a subjective visual acuity associated with the selection of a best spherocylindrical correction, and investigating the influence of high orders aberrations on the visual acuity and for prognosticating the eye correction results. The inventive aberrometer comprises includes a point light source which is projected on the eye retina, and forms a virtual source thereon whose radiation is dispersed scattered back by said the retina, and passes through the eye optical systems acquiring a phase modulation corresponding to the total eye optical aberration. Said The aberrometer also comprises a system for measuring the shape of the radiation wave front coming out from the eye which is embodied in the form of includes a wave front sensor whose output signal is transmitted to a device control system, an aberration compensation system which is

Application Serial No. 10/593,613 Response to Office Action

> disposed between the human eye and the wave front sensor and an measuring system and through which the radiation coming out from the eye and projected on the eye retina of the virtual source passes, and a test picture projector which projects the test picture image on the eye retina through the aberration compensation system. In the particular embodiments, said aberrometer is provided with an additional adjusting, self-calibrating and self-testing system, wherein the aberrometer control system can be complemented with a microprocessor controller. The inventive method for setting the aberrometer consists in establishing a required distance between the device and a patient eye by illuminating the eye, in projecting a mark picture on the iris thereof and in visually observing the relative positions of the projected mark pictures and the three-dimensional displacement of the device and/or the eye with respect thereto